



YOUR OPEN ENROLLMENT GUIDE – 2015



REMEMBER:

Learning about the 2015 benefits program will benefit you and help you make informed decisions for you and your family. It is YOUR responsibility to understand your benefits.



CONTENTS:

In this Guide you will find helpful information on:

Open Enrollment Guide 2015	Page 3
Important Notification	Page 4
CHIP	Page 5
General Instructions	Page 6
Health Insurance (Medical, Prescription & Vision)	Page 7
Flexible Spending Accounts	Page 8-10
Dental Insurance	Page 11-13
Premium-only Cafeteria Plan	Page 14
Life and Accident Insurance (Basic & Voluntary)	Page 15-17
Voluntary Long Term Disability Insurance	Page 18
Other Programs	Page 19

OPEN ENROLLMENT GUIDE – 2015

It is important to read and understand the 2015 benefits program as there have been several enhancements and changes. Open Enrollment is the time when you need to review your benefits programs to make informed decisions for the next calendar year.

This Open Enrollment Guide is a description of benefits available to eligible employees and their eligible dependents.



2015 Open Enrollment Period Monday, October 13 through Friday, October 31, 2014

Plan/Cost Changes:

- Our health insurance rates will increase by approximately 5.0%. Even with this increase, our rates still remain much lower than the average regional and national increases. Please see the rate sheet for changes in health insurance cost.
- Both Traditional and Preferred Dental coverage insurance will have a cumulative rate saving of 12.6%.
- VSP rates will have a 6.5% increase in cost.

Health/Rx/Vision	2014 Current			2015 Enrollment		
	Monthly Rate	City Cost	Employee Cost	Monthly Rate	City Cost	Employee Cost
<i>Premium PPO</i>						
INDIVIDUAL	\$475.66	\$380.52	\$95.14	\$498.74	\$399.00	\$99.74
FAMILY	\$1,423.43	\$1,138.75	\$284.68	\$1,492.41	\$1,193.93	\$298.48
<i>Select PPO</i>						
INDIVIDUAL	\$392.13	\$362.33	\$29.80	\$411.21	\$379.97	\$31.24
FAMILY	\$1,172.81	\$1,084.15	\$88.66	\$1,229.78	\$1,136.84	\$92.94

Beginning in 2015, participation in the vision plan is optional, however vision premiums will continue to be charged with health insurance premiums regardless of vision participation.

Important Notification

Notification of Grandfather Status

The City of Wichita believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfather health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 268-4531. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

**IMPORTANT NOTICE CONCERNING
MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)
(Issued to all City of Wichita employees 10/3/2014)**

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, the state where you live may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

You may be eligible for assistance paying your employer health plan premiums. You should contact your state for further information on eligibility.

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-800-792-4884

To see if any other states currently have or have since July 31, 2013 added a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

GENERAL INSTRUCTIONS:

- You must submit any enrollments or changes on or before 5 PM, **Friday, October 31, 2014**. Forms will not be accepted after Open Enrollment ends.
- If you are a **new Enrollee or wish to ADD family members** to any of your coverages, dependent documentation must be provided. **You must provide the required dependent documentation to HR by Friday, October 31, 2014.** (See the Dependent Documentation Section for acceptable documentation.)
- **All changes and new enrollments require completion of a form!** Check with Human Resources if you need a form or are unsure about which form to complete.
 - In order to **add dependents**, you must provide the required documentation to HR. Most forms will also be available at the meetings or may be printed off the Portal or the www.wichita.gov site.
- You do not need to re-enroll in the plans listed below. If you do not complete and return the form, you are advising HR that you want to **continue with your current coverage.**
 - **Health Insurance (medical/prescription);**
 - **Vision;**
 - **Dental;**
 - **Long-Term Disability;**
 - **Voluntary Accidental Death & Dismemberment;**
 - **Long Term Care;**
 - **Basic/dependent Life**
- Each year you must re-enroll in the **Flexible Spending Accounts** (medical and dependent care). Failure to do so will mean no coverage for 2015. No exceptions!
- You will not have another opportunity to enroll/drop coverage or make changes until the next Open Enrollment unless you have a “qualifying event” during 2015. A list of qualifying events is available from HR or on the City of Wichita Portal Site.

***For your convenience Open Enrollment documents
have been posted on the Portal and the
www.wichita.gov site.***

HEALTH INSURANCE

(Medical, Prescription Drug and Vision)

COVENTRY HEALTH CARE will continue as the administrator for medical benefits. The current level of coverage will continue.

Please remember dependents may remain under your health, vision and RX coverage until age 26, regardless of student status.

The new deductions will begin on the **December 12, 2014** paychecks.
New or changed coverage will be effective on January 1, 2015.

The City of Wichita will remain in the “Open Network” plan through Coventry. This means that effective January 1, 2015, **you continue to have a choice in the hospital you select.** Please contact customer service with Coventry at 1-866-611-7337 for a benefits determination to determine which hospital facility will be the most cost effective choice for you and your family, prior to hospitalization.

Please refer to the Plan comparison sheet to determine the level of coverage that you would like to select.

The plan design for both plans is very similar. Employees electing coverage in the “Select” plan will have a deductible, higher copays, and more instances of coinsurance (cost sharing). In both plans, you do not need to designate a specific primary care physician. You may see any doctor you choose, including specialists, but you will receive the highest level of benefits from an in-network provider. Out-of-network chiropractors are not covered.



There are significant out-of-pocket costs for using non-network providers, so make sure any provider you use is in-network (unless you really want to pay the significant cost of a non-network provider).

PRESCRIPTION DRUG PLAN: Catamaran will continue as the RX carrier for 2015. To view the current formulary, please go to www.mycatamaranrx.com. You can also go to www.wichita.gov. Please note the formulary is subject to change.

VISION SERVICE PLAN (VSP) will continue to be included as a part of both Health Plans in 2015. VSP will continue to be charged with your health premiums. Participation is optional. Please contact HR if you are interested in this option.

If you want to enroll in or drop out of the health insurance plan, change plans, or add/drop dependents, you must complete an enrollment form and the attached Cafeteria Plan form, by 5 PM, Friday, October 31, 2014. If you want to remain at your current coverage level (Single or Family), you do not need to do anything; your current coverage will carry over into 2015

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Want to pay less in taxes in 2015? Signing up for a Flexible Spending Account can help.

Open Enrollment is the only time you may enroll in this tax-saving program unless you experience a qualifying event during the plan year! The City of Wichita is happy to announce that we are offering a \$500.00 Rollover as part of the NEW 2015 FSA. Read more to find out how the City of Wichita is making the NEW FSA work for you. Surency Life and Health, a subsidiary of Delta Dental of Kansas, will administer the Health Care FSA and Dependent Care FSA in 2015. Information explaining the tax advantages of the FSAs, which actually increase your take-home pay and reduces expenses you would be paying for anyway can be found on the Portal or on the www.wichita.gov site.

IMPORTANT NOTE FOR CURRENT FSA PARTICIPANTS:

IF YOU WANT TO CONTINUE PARTICIPATION IN 2015, YOU MUST RE-ENROLL. Your current FSA election will NOT carry over automatically. If you do not re-enroll, your participation will end on December 31, 2014.

- ❖ **What are the benefits of signing up for an FSA?** FSAs help you save on taxes by setting aside money from your paycheck for eligible medical, prescription, dental and vision expenses. For more information and examples of the tax savings available please review the Surency documentation which can be found on the Portal or on www.wichita.gov.
- ❖ **I've decided to enroll, now how much should I enroll for?** First, total the qualifying expenses you had in 2014, then estimate the amount you expect to have in 2015. Surency has provided a budget estimator that will help you plan how much to set aside in your FSA. Please review the Surency documentation which can be found on the Portal or on the www.wichita.gov site. Divide the total expenses by 26 (number of yearly paychecks) to get the deduction amount needed to reach the yearly total (minimum and maximum deductions apply – see the [2015 Minimum and Maximum FSA Deductions](#) section below).
- ❖ **When do I need to enroll by?** Since you may only sign up for the FSA during Open Enrollment, unless you experience a qualifying life event, please be sure to **return your completed enrollment form by October 31, 2014.**
- ❖ **What happens if I have money left in my FSA on December 31, 2014?** If you are currently enrolled in the FSA, you have a "Grace Period." This allows you to incur expenses up to 2 1/2 months after the plan year ends and still incur claims. This means you can use your FSA dollars for dates of service up until March 15, 2015.
- ❖ **What happens if I enroll in the upcoming plan year and I have money left in my FSA on December 31, 2015? GOOD NEWS:** For those that enroll in the 2015 Plan Year we have adopted the ["Use-it or Keep-it" rule](#). This means that if you have a balance in your FSA on December 31st you can rollover up to \$500.00 into the next plan year.
- ❖ **When will my payroll deductions start?** Deductions for 2014 enrollment will continue through December. Deductions for 2015 FSAs will start on January 9, 2015.

Here's an overview of how the FSAs work:

- ❖ The plan year runs from January 1, 2015 until December 31, 2015
- ❖ Your entire election is available to you on January 1, 2015
- ❖ Your NEW FSA has a “Rollover”: This allows you to rollover up to \$500 of the monies you have in your FSA on December 31, 2015 into the next plan year without forfeiting the money. This does not impact your ability to enroll for the maximum amount in the future years. Note: This replaces the Grace Period that was in place in previous plan years.
- ❖ After you incur an eligible expense in 2015, file a claim and the required receipts with Surety to be reimbursed from your account.
- ❖ All FSA medication must be prescribed. You cannot purchase over-the-counter medication with your FSA unless you can provide proof of a prescription. You only need to obtain one prescription for the year for each over-the-counter medication you need to purchase.
- ❖ The maximum amount you may elect for your FSA medical account is \$2,500.00

You may enroll in either the Health Care FSA or the Dependent Care FSA or BOTH, a brief description follows.

Health Care FSA – use this account for UNREIMBURSED medical and dental expenses

- ❖ **What is Eligible?** Most medical, prescription drug, or dental expenses not covered by health or dental insurance are eligible. For example:
 - medical, prescription drug and dental copays and deductibles
 - hearing aids
 - orthodontics and other non-covered dental expenses
 - many **over-the-counter medications (OTC)**, such as those for allergies, smoking cessation or colds, aspirin, some vitamins (certain conditions apply to the OTC feature, see HR for the more detailed flyer). **Please note, you must obtain a prescription for these items before purchase.**
- ❖ **How Am I Reimbursed?** From your Health Care FSA account, you may be reimbursed for expenses up to your total annual amount, even if an expense temporarily "overdraws" your account.

Example: Assume you elect to have \$500 deducted for your Health Care FSA. In March, you incur an eligible expense for \$500. You can be reimbursed for the **entire** \$500 in March, even though you do not have the entire amount in your FSA. Your payroll deductions will continue through the rest of the plan year until your deductions equal \$500.

Dependent Care FSA – Use this account for qualifying Child/Other Dependent Care expenses.

- ❖ **What's Eligible?** Qualifying child care (day care) expenses and expenses incurred in caring for other dependents (e.g., an adult dependent). Certain rules apply; contact HR for the detailed booklet. The maximum amount your family may enroll in through the

Dependent Care FSA is \$5,000.00.

- ❖ **How Am I Reimbursed?** In the Dependent Care FSA, you cannot be reimbursed for more than your current account balance.



Example: Assume you elect to have \$2,600 deducted for your Dependent Care FSA. In January, you incur an eligible day care expense of \$300, but you have only contributed \$200 to your FSA. You can be reimbursed for the \$200 in your account, and the remaining \$100 will be reimbursed when your next payroll deduction is taken.

Other FSA Features:

Debit Card – Surency will provide each member who enrolls in the Flexible Spending Account 2 debit cards, free of charge. Use the card at most large pharmacies and retailers to immediately access your funds. Be sure to keep your receipt, as it may be required to substantiate the expense. This is the most convenient method of using your Medical FSA.

2015 Minimum and Maximum FSA Deductions

FSA Account	Minimum Deduction	Maximum Deduction
Medical FSA	\$130 per year (\$5/ payday)	\$2,500 per year (\$96.15/ payday)
Dependent Care FSA	\$130 per year (\$5/ payday)	\$4,999.80 per year (\$192.30/ payday)

The rules for making mid-year changes are the same as for the Cafeteria Plan (see page 8).

DENTAL PLANS



Only Delta Dental has two networks encompassing more than 80% of dentists nationwide. Options are something to smile about.

Network Strength. Delta Dental has two networks – Delta Dental PPO and Delta Dental Premier – making up the largest network of dental providers in the United States, giving you more options for in-network providers.

Make Delta Dental's networks work for you:

With your **Traditional** Delta Dental plan, you are free to see the dentist of your choice.

However, you may experience greater benefits and more cost savings by visiting a Delta Dental PPO provider.

Crown			
Network:	PPO	Premier	Out-of-Network
Dentist Charges	\$1,000	\$1,000	\$1,000
Max Allowed Fee	\$644	\$738	N / A
Benefit	50%	50%	50%
Delta Dental Pays	\$322	\$369	\$268
Patient Pays	\$322	\$369	\$732

For illustration only, actual fees may vary. Example assumes deductible has been met.

Find a Delta Dental PPO Dentist near you?

- Visit deltadental.com
- Click 'Locate a Dentist'
- Select 'Delta Dental PPO' as your plan
- Enter your zip code

DELTA DENTAL PLAN OF KANSAS will continue to be the carrier for the **Delta Traditional** and **Delta Preferred** plans in 2015.

Your dependent children may continue to stay on your dental insurance through age 26, regardless of student status. **You must re-enroll any dependent children who previously aged out of dental or lost coverage due to non-student status and who are still under the age of 26. Failure to re-enroll affected dependent children during Open Enrollment will result in your inability to cover them on your dental insurance.**

The dental plan continues with the enhanced benefit for members who receive regular dental cleanings and exams. To receive the Incentive Level, you must have had a cleaning within the last twelve months, unless you are a new enrollee in the plan.

Base Level:

Plan pays 100% of cleanings and exams (covered once every six (6) months)

Plan pays 60% of basic services (e.g., fillings, root canals)

Plan pays 40% of major services (e.g., crowns, partials)

Plan pays 50% of braces – **TRADITIONAL PLAN ONLY**

Incentive Level (if covered members have had at least one preventive visit during 2014)

Benefits increase if the member receives an exam and/or cleaning at least one time in 12 months

Plan pays 100% of cleanings and exams (covered once every six (6) months)

Plan pays 80% of basic services (e.g., fillings, root canals)

Plan pays 50% of major services (e.g., crowns, partials)

Plan pays 50% of braces – **TRADITIONAL PLAN ONLY**

Costs

The premium for both plans will cumulatively decrease by 12.6% for plan year 2015. (Most options decreased in premiums) The new rates for plan year 2015 are as follows:

DENTAL PLAN	MONTHLY PREMIUM
Traditional/Select Plan	
Single	\$29.13
Single + 1 Orthodontics only offered on Traditional Plan	\$55.03
Family Orthodontics only offered on Traditional Plan	\$89.72
Preferred Plan	
Single	\$23.30
Single + 1	\$41.35
Family	\$69.54

If you want to enroll in or drop out of either dental plan, change from one plan to the other or add/drop dependents, you must complete a form by Friday, October 31, 2014 (forms are available from HR, the Portal or www.wichita.gov).

For example, if you have a young (2-3 year old) child, you did not add to dental at birth, now is the time to do so. You may add children up to age 26, regardless of student status. If you do not add your children during Open Enrollment, you will not be able to add them during the year unless you experience a qualifying event!

Adding a child to health insurance does not add coverage for dental. You must complete a separate enrollment form.

If you want to remain in either plan at your current coverage level (Single, Single +1 or Family), you do not need to do anything; your current coverage will carry over into 2015.

Your Dental Options

Delta Traditional Plan – has a higher premium because you may use any dentist. **Participating dentists** accept Delta allowances for the services provided, so you know what your responsibility will be. If you use a **non-participating dentist**, Delta will reimburse you directly for what the plan covers. You have a responsibility to pay the non-participating dentist for any difference between his/her charge and the Delta allowance. The Traditional Plan also provides up to \$1,000.00, per lifetime, orthodontics for dependent children, age 19 and under.

Delta Preferred Plan - lower premium because the smaller network of dentists accepts lower payments from Delta. **You must use a dentist from the Delta Preferred list, or you will have no coverage.** Make sure your dentist is in this plan network and will continue to be in 2015. (Be sure to refer to "Delta Preferred," not just "Delta"). The Preferred Plan does not have any orthodontic coverage.

More Dental Information

Dentist lists for both plans are available from the Delta Dental website, the Portal, and the www.wichita.gov site. **Be sure you use the correct list for the plan you enroll in**, particularly for Delta Preferred.

Neither plan includes complete coverage for the cost of orthodonture. (Try a Flexible Spending Account for orthodontic expenses.)

These premiums will start with the December 12, 2014 paycheck. New and changed coverage is effective January 1, 2015.

To enroll in a dental plan, get the form from HR, the Portal, at www.wichita.gov, or by attending an open enrollment meeting. Be sure to fill it out completely and turn it into HR by Friday, October 31, 2014 with the attached Cafeteria Plan form completed. Be sure to use the correct enrollment form for the plan you want.

PREMIUM-ONLY CAFETERIA PLAN

This has nothing to do with food. It is a Section 125 IRS plan that allows you to save money by not paying taxes on your health and dental premiums. Everyone who has health and/or dental coverage may participate in the Premium-only Cafeteria Plan. This deducts your premiums **before** taxes, reducing your taxable income and increasing your take-home pay. The Cafeteria Plan is not a separate insurance plan.

If you are in the Cafeteria Plan and want to stop it, or if you are not in the Cafeteria Plan and want to start, you must make a change during Open Enrollment. The form is available from HR.

If you already have pre-tax deductions for health and/or dental insurance now and want to continue, **you do not need to do anything during Open Enrollment**. If there's a "125" by the deduction on your pay stub, you are already in the Cafeteria Plan. If you enroll in a health or a dental plan, you need to complete the Cafeteria Plan form attached to the enrollment forms to either elect or decline enrollment.

IRS regulations restrict changes you can make in a Cafeteria Plan during the year. Any change that affects the amount of your pre-tax deduction can only be made if it is because of a "qualifying family status change," and you make a change with HR within 30 days after this "qualifying event." These include divorce, marriage, birth, adoption, death, a change in a spouse's employment affecting benefits, and others. These rules also apply to Flexible Spending Accounts.

LIFE AND AD&D INSURANCE

The Standard will continue to be the carrier for the Basic Life/AD&D and Dependent Life and Additional insurance. See The Standard Life Plan Summary on the Portal, on the www.wichita.gov site, or request one in HR. The Standard has a three (3) year rate guarantee for all Life and AD&D plans. Two-thirds of contribution rates for basic life, dependent and basic AD&D, is paid by the City, with the remaining one-third paid by the employee. Employees will experience a 1/3 increase in premiums. Supplemental Life and voluntary AD&D are employee-pay-all programs.

If you are enrolling in Basic Life or Additional Life coverage, you will be required to fill out the Medical History Statement. You may make changes, including adding or dropping coverage, at any time during the year.

BASIC LIFE, AD&D AND DEPENDENT LIFE

If you are already enrolled in the Basic Life plan, with or without Dependent Life, **you do NOT have to re-enroll to continue your coverage in 2015.** Approximately 2/3 of this premium is paid by the City. The Standard rates for coverage are:

PRODUCT	BENEFIT	EMPLOYEE COST
Basic Life	2X Annual Salary up to a Maximum of \$600,000 (see Employee Class)	\$0.040 per \$1,000 coverage per month
Basic AD&D	Equal to the amount of basic life benefit	\$0.005 per \$1,000 coverage per month
Dependent Life for Spouse/Child	\$4,000 from the date of live birth	\$0.28/month/family
Voluntary AD&D – Spouse/Child	Max. benefit 60% of employee to \$250k or 50% of employee if child coverage is elected/15% of employee to \$30k or 10% of employee to \$30k if spouse coverage is elected	\$0.021 Single AD&D rate per \$1,000 \$0.031 Family AD&D rate per \$1,000
Supplemental Life	1,2,3 or 4 times employee's annual salary up to a maximum of \$1,000,000 (maximum combined Basic Life and Supplemental Life)	Cost per \$1,000 per month Under Age 25 - \$0.062 25-29 - \$0.073 30-34 - \$0.094 35-39 - \$0.104 40-44 - \$0.125 45-49 - \$0.177 50-54 - \$0.281 55-59 - \$0.520 60-64 - \$0.801 65-69 - \$1.529 70-74 - \$2.486 75+ - \$2.486

There are four employee “classes” that determine the maximum amount of allowable coverage. Coverage is set at 2X an employee’s annual salary, but will max out at the following amounts:

Class 1 up to \$600,000.00	City Council members and City Managers
Class 2 up to \$600,000.00	Firefighters who are members of IAFF
Class 3 up to \$150,000.00	Police officers, members of the Fraternal order of Police, members of SEIU and Teamsters
Class 4 up to \$400,000.00	All non-union employees

Members not participating in Additional Life (Plan 2) can elect the 1 Times annual earnings up to \$100,000 without Evidence of Insurability. Any amount over \$100,000 or the 2x, 3x, or 4x option would need EOI.

Members currently enrolled in Option 1 or 2 could increase their Additional Life coverage by the lesser of 1x Annual Earning or \$100,000 during open enrollment, provided they have not been previously declined.

Person above could increase their benefit to \$400,000 for a total of \$550,000 combined Basic and Additional Life.

ADDITIONAL TERM LIFE INSURANCE FOR EMPLOYEES

This program allows you to elect additional term life insurance coverage. This is a voluntary program; you pay the full cost but at low group rates. ***If you are a new enrollee, you will be required to turn in the Medical History Statement. If you do not turn this form in, you will not be qualified to receive Additional Life coverage.***

- You must be enrolled in the Basic Life plan to be eligible for the Additional Life plan.
- You can elect **1, 2, 3 or 4 times your annual salary**, up to a maximum of \$1,000,000 (combined maximum with Basic Life). Dependent coverage is not available.
- You can elect up to four **(4) times your salary by providing proof of good health (“medical history statement”)**. In addition to the Enrollment form, you must complete the Medical History Statement. No coverage subject to medical history will be effective or deductions taken until approval is received from The Standard.
- The Additional coverage is **portable** – you can take it with you if you leave City employment (if you are under age 69 and are actively at work at that time.) The coverage that you “port” is the same coverage you had as an active employee. The cost for ported coverage will be higher than the active employee cost, but it will be much lower than the cost of a conversion policy.

Below are the portability limits:

For life and AD&D:	Minimum amount: \$10,000	Maximum amount: \$300,000
For your Spouse:	Minimum amount: \$5,000	Maximum amount: \$100,000
For your Child:	Minimum amount: \$1,000	Maximum amount: \$5,000

- The cost of Additional coverage is based on your age and the amount of insurance you elect (see below for the 2015 rates).

Voluntary Accidental Death and Dismemberment Insurance

Benefit amounts available from \$25,000.00 to \$500,000.00. If bodily injury results in the Death, Dismemberment, or Paralysis of an employee or covered family member ADD will provide benefits.

You may change, enroll in or drop out of these plans at any time, subject to medical approval except for the Voluntary Accidental Death and Dismemberment plan, which does not require a Medical History Statement for enrollment.

VOLUNTARY LONG TERM DISABILITY (LTD) **INSURANCE**

Lincoln Financial is the new Long Term Disability vendor. Insurance benefits begin to pay after an employee has been disabled for 90 days. This plan will pay up to 60% of the employee's salary for the length of the disability following the 90-day exclusion period. Employees may elect to have a lower benefits amount. Employees will need to submit a Medical History Statement with their application for Voluntary Long Term Disability. **If you want to add or drop coverage through the Long Term Disability Plan, all forms must be turned in by 5:00 P.M. on Friday, October 31, 2014.**

Long Term Disability 2015 Premium	
Age Band	Rate Percent
Under Age 25	\$0.120
25-29	\$0.120
30-34	\$0.200
35-39	\$0.340
40-44	\$0.500
45-49	\$0.740
50-54	\$1.140
55-59	\$1.550
60-64	\$1.580
65-69	\$1.380
70+	\$2.450

OTHER PROGRAMS NOT AFFECTED BY OPEN ENROLLMENT

Detailed information, including enrollment forms, for these plans is available from HR.

Wellness Rewards – For **active** employees enrolled in health insurance, a financial reward will be given for proof of participation in wellness activities and healthy behaviors and lifestyles. To receive payment of the reward in 2015, all documentation must be turned in by the last day of Open Enrollment in 2014 (date to be determined).

457 Deferred Compensation Plan - You may enroll in, drop out of or change your investments at any time.

What is a 457 deferred compensation plan?

A governmental 457(b) Deferred Compensation Plan (457 Plan) is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before-tax dollars through a voluntary salary contribution. Contributions and any earnings on contributions are tax-deferred until money is withdrawn. Distributions are subject to ordinary income tax.

Why should I participate in the Plan?

You may want to participate if you are interested in saving and investing additional money for retirement and/or reducing the amount of current state and federal income tax you pay each year. Your City of Wichita 457 Deferred Compensation Plan can be an excellent tool to help make your future more secure. You may also qualify for a federal income tax credit by participating in this Plan. Please contact the City's Great-West Retirement Services® representative Lisa Douglas, at 268-4551 or visit www.wichita457.com for more information.

Long-term Care Insurance (UNUM) - This plan provides coverage for in-home, assisted living, or nursing home long-term care. You may choose various lengths of time, monthly benefits amounts, and other features. Medical information must be provided, so you or other family members may be denied coverage based on medical conditions.

Learning Quest - This State of Kansas program offers an excellent opportunity to invest for education expenses for you, your children or anyone else. It is managed by American Century. Although not a City program, you may make your contributions by payroll deduction. Contact Learning Quest at 1-800-579-2203, or at www.learningquestsavings.com.